

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF AUTOPSY OR INQUEST
(TO SUPPLEMENT DEATH CERTIFICATE)

STATE FILE NO.

REGISTRAR'S NO. 1006

IDENTIFYING INFORMATION	1. NAME OF DECEASED LOUISE LEE	2. DATE OF DEATH March 24, 1959
	3. PLACE OF DEATH Maricopa County General Hospital	
AUTOPSY OR INQUEST	4. An Autopsy having been completed after the filing of the death certificate of the above-named, I hereby supplement or amend the information appearing on the original death certificate. (AUTOPSY/INQUEST)	

CAUSE OF DEATH 2 2	5. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) pulmonary tuberculosis DUE TO (B) _____ DUE TO (C) _____ 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. severe pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 8 yrs.

DEATH DUE TO EXTERNAL VIOLENCE	6A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	6B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	6C. (CITY OR TOWN) (COUNTY) (STATE)
	6D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	6E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	6F. HOW DID INJURY OCCUR?

COMMENTS	

7A. SIGNATURE D. Fryde, M.D. (DEGREE OR TITLE)	7B. ADDRESS 3435 W. Durango, Phoenix, Ariz.	7C. DATE SIGNED 4-17-59
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